

**16.2 RELATIONSHIP WITH THE CHILDREN WITH SPECIAL HEALTH CARE NEEDS PROGRAM (CSHCN) (Formerly Office of Handicapped Children)**

A child may be simultaneously eligible for and receiving services from the Medicaid Program and the Children with Special Health Care Needs Program (CSHCN). The child may already be receiving CSHCN services when **an** application is made for a **Division of Family Assistance (DFA)** Program. In addition, at the time of application, and anytime thereafter, the Worker may determine that a child could benefit from CSHCN **services**. **When this occurs, an application form (CSHCN-1) should be given to the client for completion.**

**A. NON-CSHCN RECIPIENTS WHO ARE APPLICANTS FOR DFA PROGRAMS**

Anytime a child's eligibility is being considered for any **DFA** Program and the Worker believes the child could benefit from services provided by the CSHCN **Program**, the Worker must refer the child to the CSHCN **Program**. **Referrals are now made by phone at (304) 558-5388 or toll-free at 1-800-642-9704. See Covered Medical Conditions below. The eligibility determination for CSHCN services is made by a CSHCN Specialty Consultant.**

COVERED MEDICAL CONDITIONS	
Bones (problems with)	Joints or Muscles
Cerebral Palsy	Kidney / Urological Conditions
Cleft Lip / Palate	Myelodysplasia / Spina Bifida
Cystic Fibrosis	Neurological & Seizure conditions
Hearing Loss	Plastic Surgery (certain conditions)
Heart Defects	Sickle Cell Anemia

SOME NON - COVERED MEDICAL CONDITIONS	
Acute Fractures	Cosmetic Surgery
ADHD	Dental Treatment (certain conditions)
Asthma	Diabetes
Autism	Hemophilia
Childhood Malignancies	Mental or Behavior Diagnosis

**If a child is applying for Medicaid, information about the status of the application must be included with the referral.** If the child is later approved for CSHCN services and Medicaid, the CSHCN **Program** must be advised of any change in the status of the **Medicaid** case and the reason for such change.

**Specific Medicaid Requirements****B. CSHCN RECIPIENTS WHO ARE APPLICANTS FOR MEDICAID**

When a family applies for Medicaid and **has** an active CSHCN case, the Worker must notify the CSHCN **Program** if the application is approved and must specify the eligibility dates. This is accomplished by **phone**.

In addition, when the child is already **in** an active CSHCN case, the Worker must notify the CSHCN by **phone** if the application is denied, or **if** the active Medicaid case is closed, **as well as the reason for such action**.

**The Children with Special Health Care Needs Program may be contacted at:**

**Children with Special Care Needs  
Office of Maternal, Child and Family Health  
West Virginia Bureau for Public Health  
350 Capitol Street, Room 427  
Charleston, WV 25301-3714**

**Toll-Free - 1-800-642-9704 OR (304) 558-5388**